Grays Convent
HIGH SCHOOL

Parental Agreement for School to Administer Medication

The school will not provide/administer your child's medication unless you complete and sign this form and the school has a policy that the staff can administer medication.

Name of school	GRAYS CONVENT HIGH SCHOOL
Name of child	
Date of birth	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The School's General Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medication in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

PARENT/CARER SIGNATURE:

DATE: